

IDAHO EMS FY07 DEDICATED GRANT
NARRATIVE FORM

PART 1 - JUSTIFICATION OF NEED

Agency # _____

- If requesting a vehicle and replacing a currently owned vehicle, explain what the replacement plan is to be.
- Explain how receiving the requested item will improve patient care and/or benefit your agency and how this will be determined.
- If a professional has determined the vehicle or equipment is not repairable or should be replaced, attach that assessment.

Vehicle Priority # _____

Equipment Priority # _____

PART 2 – EXPLANATION FOR LACK OF AVAILABLE FUNDS
